Capitol Region Library Council RECEIVED

JUL 1 3 2001

FCC MAIL ROUM

599 Matianuck Avenue Windsor, Connecticut 06095-3567

(860) 298-5319

FAX (860) 298-53

email: office@crlc.org

http://www.crlc.c

Letter of Appeal

July 9, 2001

Federal Communications Commission Office of the Secretary 445 12th Street, SW Room TW-A325 Washington, DC 20554

Re:

CC Docket Nos. 96-45 and 97-21

Administrator's Decision on Appeal 6/21/01 Funding Year 4 Form 471-**Rejection Letter** Form 471 Application Number 262091 Applicant's Form Identifier FR0102

Gentlemen,

Enclosed in support of our appeal please find copies of the following:

- 1. USAC Administrator's Decision on Appeal Funding year 2001-2002 (06/21/2001)
- 2. Our Letter of Appeal to the Schools & Libraries Division (04/13/2001)
- 3. USAC Fund Year 4 Form 471 Rejection Letter (03/23/2001)
- 4. FCC Form 471 October 2000 (01/10/2001 returned to us with item 3 above).

The facts of this matter are laid out in our Letter of Appeal and are substantially reflected in the first bullet of the Administrator's Decision on Appeal. As you will see when you review the Form 471 the form number and date (FCC Form 471 – October 2000) appear in the bottom right hand corner of pages 1, 2, 3, 5 & 6 of the form. No form number/date appears in the bottom right hand corner of the 31 occurrences of page 4 (Block 5). The absence of this information on page 4 (Block 5) is the issue. The form used was the correct form.

Our member libraries, after having received discounts for three years, have begun to take this funding into account when preparing their annual budgets. Many of them are counting on this funding for 2001-2001 and the loss of funding would have an adverse effect on their ability to deliver services to their patrons. Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,

Kenneth Sutton

Office & Network Systems Manager Voice: 860-298-5319 ext.3030

FAX: 860-298-5328 Email: kensut@crlc.org No. of Copies rec'd_(

ListABCDE



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2001-2002

June 21, 2001

Kenneth Sutton Capitol Region Library Council 599 Matiaunuck Avenue Windsor, CT 06095-3567

Re:

Billed Entity Number:

122316

471 Application Number:

262091

Funding Request Number(s):

Not assigned

Your Correspondence Dated:

April 13, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number:

Not assigned

Decision on Appeal:

Denied in full

Explanation:

- Your appeal stated that all pages of the application with the exception of page 4 of 6, (block 5) do include the required information. The reasons was that you filed for the same core group of members each year and have entered the data that repeats each year into the database. You also stated that to create the 31 instances of page 4 of 6, you copied an image of page 4 of 6 into the database and overlaid it with the appropriate field. You admitted that in the process you failed to capture the information at the bottom of the page. You concluded by asking the SLD not deny 31 libraries because of a clerical oversight.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that the incorrect OMB-approved FCC Form 471 has been used in Funding Year Four. The lower right hand corner of this form shows September 1999 instead of October 2000. This is the reason the application was rejected for Minimum Processing Standards in Year 4. According to program rules the Form 471

is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not the correct OMB-approved FCC Form 471 for Funding Year 4 (dated October 2000 in the lower right hand corner of the form) it was returned in accordance with program rules. Please note that the SLD website is explicit as to what forms should be used. The Form 471 application (block 5) you submitted is not approved for year four. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12th Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Capitol Region Library Council

599 Matianuck Avenue (860) 298-5319 FAX (860) 298-5328 Windsor, Connecticut 06095-3567 email: office@crlc.org http://www.crlc.org

April 13, 2001

Letter of Appeal Schools & Libraries Division Box 125 - Correspondence Unit 80 South Jefferson Road Whippany, NJ 07981

> Re: Funding Year 4 Form 471-Rejection Letter Form 471 Application Number 262091 Applicant's Form Identifier FR0102

The above captioned letter states that the subject Form 471 has been rejected because it is not the "correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form". In fact all pages of the application, with the exception of page 4 of 6, do include the required information. There are 31 occurrences of page 4 of 6 representing the 31 libraries covered by the application.

Because we file for the same core group of members each year I have entered the data that repeats each year into a database. To create the 31 instances of page 4 of 6 we copied a image of page 4 of 6 into the database and overlaid it with the appropriate fields. In this process I failed to capture the information at the bottom of the page.

The information required is present in the necessary format. Notations on the application (copy attached) indicates that the application was processed and our faxed response to a request for information from your Client Service Bureau resolved the only question arising out of that processing. All that is lacking is the footer from page 4 of 6.

Our appeal is, simply, that you not deny the 31 libraries covered by this application this much need support (over \$50,000) on the basis of a clerical oversight.

Sincerely,

Kenneth Sutton

Office & Network Systems Manager Voice: 860-298-5319 ext.3030

FAX: 860-298-5328 Email: kensut@crlc.org



Universal Service Administrative Company Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

March 23, 2001

KENNETH SUTTON
CAPITOL REGION LIBRARY COUNCIL
599 MATIANUCK AVE
WINDSOR, CT 06095-3567

Re:

Applicant's Form Identifier: FR0102

Form 471 Application Number:

262091

Dear Applicant:

This letter is your notification that the entire FCC Form 471, Services Ordered and Certification Form, you submitted did not meet Minimum Processing Standards and cannot be processed. Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it. Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

 The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure:

(1) Form 471

471 01-16-01 FCC Form 471 Approval by OMB 3060-0806 262091 Applicant ID rvice Sei rm 471 This form asks schools and libraries t e ordered and estimate the annual charges for them so that the Fund Administrateuse providers for services. Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online) Form 471 Application #: 2 Applicant's Form Identifier: FR0102 (Create your own code to identify THIS Form 471) (To Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.) Capitol Region Library Council Name of Billed Entity (30 characters max.) 3 Entity Number (up to 10 digits) 122316 Funding Year: July 1, 2001 through June 30, 2002 599 Matianuck Ave 4a Street Address, P.O. Box, or Route Number City Windsor State CT Zip Code 06095 - 3567 þ Telephone Number (10 digits + ext.) (860) 298 - 5319 ext. 3030 (860) 298 - 5328 C Fax Number (10 digits) d E-mail Address (50 characters max.) kensut@cric.org School (public or non-public school) Type of Application School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) Library (library (i.e. outlet/branch, system)) Consortium ——Check here if any members of this consortium are ineligible non-governmental entities. Kenneth Contact Person's Name First, fill in every item of the Contact Person's information below that is different from Item 4, above Then check the box next to the preferred mode of contact. (At least one box MUST be checked.) Street Address, P.O. Box, or Route Number State Zio Code Telephone Number (10 digits + ext.) Fax Number (10 digits) E-mail Address (50 characters max.) Holiday/vacation/summer contact information: **Block 2: Minor Modification to Existing Contract?** Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6. Form 471 Application #: Funding Request Number: Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

CC Form 471 – October 2000

Entity I	Number122316 Applicant's For												
Contac	ct Person Kenneth Sutton Phone Number	60-298-5319 exr 3030	· · · · · · · · · · · · · · · · · · ·										
Blo	ock 3: Impact of Services Ordered in THIS Applica	ition	<u>.</u>										
	complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.												
а	Number of students to be served b Number	of library patrons to be served	1 432,766										
	The following questions seek summary outcome information based on the rows that are relevant to THIS application.	services ordered in this f	Form 471 application. Please	complete only those									
	IF THIS APPLICATION INCLUDES		BEFORE ORDER	AFTER ORDER									
а	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service	pefore and after your order?	N/A	N/A									
b	High-bandwidth voice/data/video service: How many buildings served before and after your order	?	31	31									
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order	?	256KBps	256KBps									
d	Dial-up Internet connections: How many before and after your order?		none	none									
е	Dial-up Internet connections: Highest speed before and after your order?		N/A	N/A									
f	Direct connections to the Internet: How many before and after your order?		31	31									
g	Direct connections to the Internet: Highest speed before and after your order?		256KBps	256KBps									
h	Internet access (for schools): How many rooms have Internet access before and after your order	?	N/A	N/A									
ļi	Internet access (for libraries): How many buildings have Internet access before and after your or	ler?	31	31									
j	Internet access: How many computers (or other devices) with Internet access before and after year	our order?	402	402									
k	Other technology outcomes: (please specify):												

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



Entily Number	122316	Applicant's Form identifier	FR0102
lanted Firean	Kannath Sullon	Phone Humber	860-298-5319 ext.3030
Block 4: [Discount Calculation	on Worksheet B	Worksheet #B1
F	or Libraries		Page1 of1_
	you are filing a library application outlets/branches and systems	on, use this worksheet to calculate the disc i.	(For Administrator's Use)
	for discounts ONLY for one outletth Solutions 1-5 only for each outlet/brance	ranch or ONLY for site-specific services:	31074C

Library System Name:		3	Library System Entity Number:	5
Name of Eligible Library (outlistArmoch)	Entity Humber (1-10 dg/m)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column of pound to rearest %
Avon Free Public Library	122236	(4.94E)	Avon School District	35
Berlin-Peck Memorial Library	122271	學技术	Berlin School District	40
Burlington Public Library	122243	Page 1	Regional School District 10	40
Canton Public Library	122249	1.51 14.	Canton School District	40
Cromwell Belden Public Library	122458	1. A. A.	Cromwell School District	40
East Hartford Public Library	122334	SE SERVE	East Hartford School District	52
East Hartford Public Library,	5421	100	East Hartford School District	52
East Hartford Public Library, Penney	5417	1000	East Hartford School District	52
East Hartford Public Library,	5354	· 100	East Hartford School District	52
Enfield Public Library	122308	4.17	Enfield School District	43
Enfield Public Library - Pearl Street	208324	3.5	Enfield School District	43
Farmington Library	122268	14.72	Farmington School District	40
Farmington Library, Farmington	5134		Farmington School District	40
Kent Memorial Library	122306	3.77	Suffield School District	40
Library Association of Warehouse	122311		East Windsor School District	40
Lucy Robbins Welles Library	122337		Newington School District	40
Manchester Public Library, Mary	122276		Manchester School District	50
Manchester Public Library, Whiton	5152	3.60	Manchester School District	50
New Britain Public Library	122280	(A)	New Britain School District	74
New Britain Public Library,	210870	1850	New Britain School District	74
New Britain Public Library, Thomas	5191	1.5	New Britain School District	74
Plainville Public Library	122286	en i i si i	Plainville School District	40
Portland Library	122517	1.30	Portland School District	40
Prosser Public Library	122238		Bloomfield School District	53
Prosser Public Library, Wintonbury	5073	13 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bloomfield School District	53
Richmond Memorial Library	122484	A. A. A.	Marlborough School District	40
Simsbury Public Library	122295	\$ 11.90	Simsbury School District	40
South Windsor Public Library	122300	72.5	South Windsor School District	40
West Hartford Public Library	122331	36,50	West Hartford School District	41
Wethersfield Public Library	122335		Wethersfield School District	40
Windsor Locks Public Library	122318	204,1943	Windsor Locks School District	42
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• Telecommuno	cations Service	() Internet Ac	cess 🔾 I	nternal Connections			nber (e.g., billed		203-47	1-6854	
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filing	g) 01-01-200 T	
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\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	35	\$1709.40	

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Identificat	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001											
14 Service I	Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/											
You MUST attach a description of the service, including a breakdown of components and this description with an Attachment #, and note number in space provided below. Attachment # A-FR0102							•	sts, plus any r	elevant bran	d names. Label		
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\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60		

Entity Number	12231	6				Aı	pplicant's Form	ldentifler _	FR0102		
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You MUST attach a description of this Service: Attachment									nd names. Label		
2 2 Entity/Enti Receiving Service:		receiving this s	service :	pecific (provided to c 122334 and by all entities on			·	-		from Block 4	
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee 1)	Funding Commitment \$ Request (J x 1)	
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	52	\$2466.88	

Entity Number	12231	6				A	pplicant's Form	identifier _		FR0102	
Contact Per	son Kenne	eth Sutton			Phone Number					860-298-5319	
Make as many c	se one Block 5 popies of this pag	page for EACH ge as necessary	service (Fi	quest(s) unding Request Num per the completed pa	ages to assure	that they are	esting discounts. all processed co	rectly	page 7	of 31 ↑	
	f Service (only				15 Contract	Number (ii	available; use "T" if I	arilled services,		T	
 Telecommune 	cations Service	() Internet Ac	cess () I	nternal Connections			as described in Instruc mber (e.g., billed		203-47	1-6854	
	Application		15166	0000302138						ng) 01-01-2001	
SPIN - Se	rvice Provider				18 Contract Award Date (mm/dd/yyyy						
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14 Service	Provider Nam	_{ne} Southern Ne	w England	Telephone	20 Contrac	t Expiratio	n Date (mm/dd/				
2 1 Descriptio This Serv				iption of the service, tachment #, and not	_		•	osts, plus any i	relevant bra	nd names. Label	
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Monthly \$ charges (lotal amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non-	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)	
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	.\$0.00	\$1548.00	52	\$804.9	

Entity Number Contact Per	Kenne	6 eth Sutton				Ap	oplicant's Form Phone N	ldentifler _		FR0102 0-298-5319	
Make as many co	e one Block 5 p	age for EACH	service (F	quest(s) unding Request Num ber the completed pa	-	that they are	esting discounts. all processed cor		page 8	of 31	
FRN #				(to be ass	signed by	adminis	strator)				
11 Category o	f Service (only	ONE category sh	ould be ch	ecked)		•	available; use "T" if to as described in Instruc			T	
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12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 fili	ng) 01-01-2001	
SPIN - Sei	vice Provider		Award Da	ate (mm/dd/yyyy							
Identificat	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001										
¹⁴ Service	Provider Nam	e Southern Nev	w England	Telephone	20 Contract	Expiration	Date (mm/dd/				
2 1 Descriptio This Servi				iption of the service, tachment #, and not	-		•	sts, plus any r	elevant bra	and names. Label	
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A Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	J % discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)	
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96	

Entity Number						Aŗ	pplicant's Form	Identifier _	•		
Contact Per	son Kenne	eth Sutton					_ Phone N	lumber	860-298-5319		
	se one Block 5 p	page for EACH	service (Fu	quest(s) unding Request Num ber the completed pa (to be ass	ges to assure	that they are	esting discounts. all processed co		page 9	of 31	
	f Service (only	ONE category sh	ould be ch		15 Contract	Number (if	available; use "T" if			Т	
	, -	- ,		nternal Connections			nber (e.g., billed		203-47	1-6854	
	Application									g) 01-01-2007	
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SPIN - Service Provider Identification Number (9 digits) 143001305 18 Contract Award Date (mm/dd/yyyy) 19 Service Start Date (mm/dd/yyyy) 07/01/2001											
14 Service	Provider Nam	Southern Ne					Date (mm/dd/				
2 1 Description This Service 2 2 Entity/Entity Receiving	ice:	this description Attachment a. If the service receiving this services	with an At # A-FF is site-specifice:	pecific (provided to c	e number in sp	ace provided ot shared by	below. others), list the E	Entity Number (of the entity		
Service:		b. If the service	e is share	ed by all entities on	a Block 4 wo	orksheet, list	the worksheet n	ımber (e.g., A-	·		
23 Calculati		ecurring Cha	ardes	į	l On	e-Time Ch	arnes		Total Cha	rnes	
A	В	c	D	E	F	G	н		J	K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)	
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	52	\$804.96	

Entity Number	12231					A	oplicant's Form	ldentifler _		FR0102
Contact Per	son Kenne	eth Sutton						umber	,	-298-5319
Instructions: Us	•	page for EACH	service (F	quest(s) unding Request Num ber the completed pa	· ·	-	esting discounts.		page 1(O of 31
FRN #	region de la constitución de la co La constitución de la constitución	·····································		(to be ass	signed by		strator)			
11 Category o	of Service (only	ONE category sh	ould be ch	recked)		•	available; use "T" if to as described in Instruc			Т
• Telecommune	cations Service	OInternet Acc	cess () I	nternal Connections			nber (e.g., billed		203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138						g) 01-01-2001
SPIN - Se	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
1 3	tion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	•
¹⁴ Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contract	Expiration	Date (mm/dd/			
2 1 Descriptio This Serv		this description Attachment	with an At		e number in sp	ace provided	below.			
Entity/Enti Receiving Service:		receiving this s	ervice : _	pecific (provided to control 122308 and by all entities on				•		r from Block 4
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	43	\$2186-12

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Entity Number	Kenne	eth Sutton					oplicant's Form	identifier _		FR0102 -298-5319
Make as many c	se one Block 5 popies of this pag	page for EACH : ge as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa (to be ass	ages to assure	that they are	esting discounts. all processed cor	rectly. —	page 11	
11 Category o	f Service (only	ONE category sh	ould be ch	necked)	B contract of the contract of	•	available; use "T" if last described in Instruc			T
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12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-200 1
1.3 SPIN - Sei	rvice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
1 1 .5	tion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
¹⁴ Service	Provider Nam	_{ne} Southern New	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Descriptio This Serv				iption of the service, tachment #, and not 80102	•			ests, plus any r	elevant brar	nd names. Labe
^{2 2} Entity/Enti Receiving Service:		receiving this s	service :	pecific (provided to c 208324 and by all entities on			·	·	_	from Block 4
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible	Annual non-	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program	% discount (from Block 4 Workshee 1)	Funding Commitment \$ Request (J x I)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	43	\$665.6 4

Entity Number	12231	6				At	oplicant's Form	Identifier		FR0102
Contact Per	Kanna	th Sutton				·		umber	· · · · · · · · · · ·	-298-5319
Make as many c	e one Block 5 p	page for EACH	service (Fu	unding Request Num	iges to assure	that they are	esting discounts.	Block 5,	page 12	2 of 31
FRN #				(to be ass	signed by	admini:	strator)			
11 Category o	f Service (only	ONE category sh	ould be ch	ecked)	15 Contract "MTM" if month-to	Number (if month services a	available; use "T" if to as described in Instruct	ariffed services, lions)	000 47	T
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12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-200 1
1.5	rvice Provider tion Number	(9 digits)	143	001305			ate (mm/dd/yyyy) (mm/dd/yyyy)	07/01/20	01	,
14 Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contract	Expiration	Date (mm/dd/			
2 1 Descriptio This Servi				iption of the service, tachment #, and note	-		•	sts, plus any r	elevant brar	nd names. Lab∉
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23 Calculati	ons						_			
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	J % discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60

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Entity Number	12231	6				Ar	opiicant's Form	identifier _		FR0102
Contact Per	Kanne	th Sutton					_ Phone N			-298-5319
Make as many c	se one Block 5 popies of this pag	page for EACH s ge as necessary,	service (Fi	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly. —		3 of 31
FRN #				(to be ass	signed by	adminis	strator)			
11 Category o	f Service (only	ONE category sh	ould be ch	necked)			available; use "T" if t as described in Instruc			Т
• Telecommuno	cations Service	() Internet Acc	cess ()I	nternal Connections	16 Billing	Account Nu	nber (e.g., billed	telephone num	203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-201
SPIN - Sei	rvice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
Identificat	tion Number			001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
¹⁴ Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Descriptio This Servi				ription of the service, tachment #, and note	-		· ·	sts, plus any r	elevant brar	nd names. Lab∉
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	40	\$619.20

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Entity Number				·		Aş	oplicant's Form	Identifier _	7	
Contact Per	son Kenne	eth Sutton					Phone N	umber	86U	-298-5319
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FRN #		n der op de se optioner Versioner		(to be ass			strator)			
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	rvice Provider	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·				ate (mm/dd/yyyy			
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14 Service	Provider Nam	Southern Ne	w England	Telephone			n Date (mm/dd/	······································		
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^{2 2} Entity/Enti Receiving Service:		receiving this s	service :	pecific (provided to control 122306 and by all entities on				•	·	rirom block 4
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Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	F Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	J % discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number	12231	6				Ar	pplicant's Form	Identifier _		FR0102
, Contact Per	Konno	th Sutton						umber	7	-298-5319
Make as many c	se one Block 5 popies of this pag	page for EACH s ge as necessary,	service (Fi	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed core	rectly		5 of 31
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11 Category o	f Service (only	ONE category sh	ould be ch	necked)			available; use "T" if ta as described in Instruct			T
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12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001
1 1	rvice Provider		-		18 Contract	Award Da	ate (mm/dd/yyyy			
Identificat	tion Number			001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
¹⁴ Service	Provider Nam	_e Southern Nev	v England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
Descriptio This Serv				ription of the service, ttachment #, and note				sts, plus any r	elevant brar	nd names. Label
2 2 Entity/Enti Receiving Service:		receiving this s	ervice :	pecific (provided to c 122311 and by all entities on						from Block 4
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$0.00	\$0.00	\$0.00	\$4044.00	40	\$1617.60

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Entity Number	12231	6				Δι	oplicant's Form	Identifier		FR0102
		th Sutton					•	umber	860	-298-5319
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FRN #			· ·	(to be ass			strator)	ting the second		:
11 Category o	f Service (only	ONE category sh	ould be ch	necked)	-	•	available; use "T" if to	•		T
• Telecommune	cations Service	OInternet Acc	cess () l	nternal Connections			mber (e.g., billed		203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001
1.3	rvice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
identifica	tion Number			001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	
14 Service	Provider Nam	_{re} Southern New	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Descriptio This Serv				ription of the service, tachment #, and note	•		•	sts, plus any r	elevant bran	nd names. Label
Entity/Enti Receiving Service:		receiving this s	ervice :	pecific (provided to c 122337 and by all entities on		· 		·		from Block 4
23 Calculati	ons		- 15 511411	, an enimes en	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Workship of the	(0.9., 11	7	
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$200.00	\$0.00	\$200.00	\$5084.00	40	\$2033.60

Entity Number	12231	6				Ar	oplicant's Form	Identifier		FR0102
Contact Per	Kanna	eth Sutton						umber	P	-298-5319
Make as many c	se one Block 5 popies of this pag	page for EACH ge as necessary	service (Fi	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor		page	of 31
FRN # _	territorio de territorio. Seguinto de la composición			(to be ass	signed by	adminis	strator)			
	f Service (only				15 Contract	Number (if	available; use "T" if to as described in Instruc			T
• Telecommuno	cations Service	OInternet Ac	cess 🔾 I	nternal Connections	16 Billing	Account Nu	nber (e.g., billed	telephone num	203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2 ⁰ Q 1
SPIN - Sei	rvice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
13 Identificat	tion Number	(9 digits)	143	001305	19 Service	e Start Date	(mm/dd/yyyy)	07/01/20	01	,
14 Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Descriptio This Serv	n of			ription of the service, Itachment #, and note R0102	•		•	sts, plus any r	elevant brar	nd names. LiDe
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 122276 ed by all entities on		·				from Block 4
23 Calculati	ons									
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A Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre- discount amount (A minus B)	# of months service provided in program	E Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	G How much of the \$ amount in (F) is ineligible?	H Annual eligible pre-discount \$ amount for one- time charges (F minus G)	.Total program year pre- discount \$ amount (E + H)	y discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x !)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$0.00	\$0.00	.\$0.00	\$4044.00	50	\$2022_00

Entity Number Contact Per		6 eth Sutton				Aş	oplicant's Form	ldentifier _		FR0102 -298-5319
Make as many co	se one Block 5 popies of this pag	page for EACH age as necessary,	service (Fi and numl	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly. —	ggt valety take	3 of 31
• Telecommuno	f Service (only (ONE category sh	ould be ch	nternal Connections	15 Contract "MTM" if month-to 16 Billing	Number (if month services a Account Num	available; use "T" if to as described in Instruct mber (e.g., billed	ariffed services, tions) telephone num	203-47	T 1-6854 g) 01-01-2001
13 SPIN - Sei Identificat	rvice Provider Number	(9 digits)	143	001305	18 Contract 19 Service	Award Date	ate (mm/dd/yyyy (mm/dd/yyyy) Date (mm/dd/	07/01/20		9,0101201
2 1 Descriptio This Servi	n of	You MUST attack	ch a descr	iption of the service, tachment #, and note	including a bro	eakdown of co	omponents and co	sts, plus any r	elevant brai	nd names. Labe
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to constant 5152 ped by all entities on	·		,	•	·	from Block 4
23 Calculati		ecurring Cha	iraes	· · · · · · · · · · · · · · · · · · ·	On	e-Time Ch	arges I		Total Cha	arges
Α	В	c	D	E	F	G	н	ı	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	50	\$774.00

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Entity Number	12231	6				Aş	oplicant's Form	ldentifier _		FR0102
Contact Per	son Kenne	eth Sutton					_ Phone N	umber	860	-298-5319
	se one Block 5 p	page for EACH	service (F	quest(s) unding Request Num ber the completed pa	•		esting discounts.		page 19	9 of 31
FRN #				(to_be_ass	signed by	adminis	strator)			
•	•	ONE category sh		·	"MTM" If month-to-	•	available; use "T" if to as described in Instruc			Т
 Telecommuno 	cations Service	OInternet Acc	cess () I	nternal Connections	16 Billing	Account Nu	nber (e.g., billed	telephone num	203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	e Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-200¶
SPIN - Sei	rvice Provider	-			18 Contract	Award Da	ate (mm/dd/yyyy			
1.3	tion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
14 Service	Provider Nam	_{ne} Southern Ne	v England	Telephone	20 Contract	Expiration	Date (mm/dd/	·		~
2 1 Description This Servi		this description Attachment	with an At		e number in sp	ace provided	below.			
Entity/Enti Receiving Service:		receiving this s	ervice : _	pecific (provided to control 122280 and by all entities on					•	from Block 4
23 Calculati										
	R) B	ecurring Cha c	rges D	E	On F	e-Time Ch G	arges H	1	Total Cha	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	74	\$3614.16

Entity Number	12231	6				Ą	oplicant's Form	ldentifier _		FR0102
Contact Per	son Kenne	eth Sutton						umber	7	-298-5319
nstructions: Us Make as many co		age for EACH	service (Fu	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	•	page 2() of 31
	f Service (only			lecked)	15 Contract "MTM" if month-to	Number (if	strator) available; use "T" if ta as described in Instruct			T
• Telecommuno	cations Service	() Internet Acc	cess () I	nternal Connections	16 Billing	Account Nu	nber (e.g., billed	telephone num	203-47	1-6854
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001
1 4	rvice Provider tion Number	(9 digits)	143				ate (mm/dd/yyyy (mm/dd/yyyy)	07/01/20	01	
14 Service	Provider Nam	Southern Ne					Date (mm/dd/			
2.1 Description	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label Description of this description with an Attachment #, and note number in appear provided below.								nd names. Label	
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 210870 and by all entities on			·	·	_	from Block 4
23 Calculati					1					
	B Re	c c	rges D	E	F On	e-Time Ch G	arges H	1	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (JxI)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$0.00	\$0.00	\$0.00	\$1548.00	74	\$1145.52

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Entity Number	12231	6				Aŗ	oplicant's Form	ldentifier _		FR0102
Contact Per	Kenne	eth Sutton						umber	7	-298-5319
nstructions: Us Make as many c	opies of this pag	page for EACH : ge as necessary,	service (Fi	quest(s) unding Request Num ber the completed pa (to be ass	iges to assure	that they are	esting discounts. all processed core	rectly	page 2	1 of 31
	f Service (only (15 Contract	Number (if	available; use "T" if ta	riffed services,		<u>T</u>
		_ •			· · · · · · · · · · · · · · · · · · ·		nber (e.g., billed		203-47	
	Application						Date (mm/dd/yyyy			
		(10 (ate (mm/dd/yyyy			9,
1.3	rvice Provider tion Number	(9 digits)	143				(mm/dd/yyyy)	07/01/20	01	
14 Service	Provider Nam	Southern New				·	Date (mm/dd/			
2 1 Descriptio This Serv	n of ice:			iption of the service, tachment #, and note	-		-	sts, plus any r	elevant brai	nd names. Label
Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to community 5191 and by all entities on			·	·	-	from Block 4
23 Calculati					_					
A	В	c c c	arges D	E	F On	e-Time Ch G	arges H	1	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	J % discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$129.00	\$0.00	\$129.00	12	\$1548.00	\$650.00	\$0.00	\$650.00	\$2198.00	74	\$1626.52

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Entity Number	122310					Ar	pilcant's Form	Identifier _		FR0102
Contact Per	Kenne	th Sutton				·		umber	, ,	-298-5319
	e one Block 5 p	age for EACH	service (Fi	quest(s) unding Request Num ber the completed pa	=	•	esting discounts.	rectly. —	page 22	
FRN #				(to be ass	signed by	adminis	strator)			
	1.1 Category of Service (only ONE category should be checked) 1.5 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)									
• Telecommuncations Service () Internet Access () Internal Connections 16 Billing Account Number (e.g., billed telephone num 203-471-6854										
12 Form 470 Application Number (15 (451020000302138 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001										
SPIN - Ser	vice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
ldentification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001										
14 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/										
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # A-FR0102										
2 2 Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to c 122286 and by all entities on			·	•	_	from Block 4
23 Calculati										
	R∈ B	curring Cha	rges D	E	On F	e-Time Ch G	arges н	1	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

	12231	£			1					FR0102
Entity Number						Aj	oplicant's Form	ldentifier _	7	
Contact Pers	Kenne	th Sutton					Phone N	umber	860 	-298-5319
Make as many co	e one Block 5 p pies of this pag	page for EACH s ge as necessary,	service (Fi	unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly. —	page 2	3 of 3
	# (to be assigned by administrator) 11 Category of Service (only ONE category should be checked) 15 Contract Number (if available; use "T" if tariffed services. 16 MTM" if month-to-month services as described in Instructions) 17 18 Billing Account Number (e.g., billed telephone num 203-471-6854)									
										
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-20 ⁰ 1
	vice Provider	(a. II. II.)					ate (mm/dd/yyyy			
Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001										
14 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/										
, i	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Latel this description with an Attachment #, and note number in space provided below. Attachment # A-FR0102									
Entity/Entit Receiving Service:	This	receiving this s	service : _	pecific (provided to control 122517) and by all entities on		-	,.	·		y from Block 4
23 Calculation	ns		····			·	_			
		curring Cha				e-Time Ch			Total Ch	
A Monthly \$	B How much of	C Eligible	D # of	E Annual pre-	F Annual non-	G How much	H Annual eligible	Total	J %	K Funding
	the \$ amount in (A) is ineligible?	monthly pre- discount	months service provided in program year	discount \$ amount for eligible	recurring (one-time) \$ charges	of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	program year pre- discount \$	discount (from Block 4 Workshee t)	Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60

Entity Number	12231	6 				Αŗ	pplicant's Form	Identifier _		FR0102
Contact Per	son Kenne	eth Sutton					_ Phone N	umber	860-	298-5319
	e one Block 5 p	age for EACH	service (F	quest(s) unding Request Num ber the completed pa	•		esting discounts.		page 24	of 31
FRN #				(to be ass						
-	•	ONE category sh		·	"MTM" if month-to	•	available; use "T" if ta is described in Instruct			T
• Telecommuncations Service () Internet Access () Internal Connections 16 Billing Account Number (e.g., billed telephone num 203-471-6854										
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filing	01-01-2001
SPIN - Sei	rvice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			_
1.4	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001									
14 Service	Provider Nam	ne Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/			
2 1 Description This Servi	ice:	this description Attachment	with an Al # A-FF e is site-sp	pecific (provided to c	e number in sp	ace provided	below.			
Service:		b. If the service	e is share	ed by all entities on	a Block 4 wo	orksheet, list	the worksheet nu	mber (e.g., A-	·	
23 Calculati		ecurring Cha	arges		On	e-Time Ch	arges		Total Cha	rges
Α	В	С	D	E	F	G	н	ı	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program vear	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment 5 Request (JxI)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	53	\$2588.52

Entity Number	Kenne	6 eth Sutton				Ap	oplicant's Form	ldentifler _		FR0102 -298-5319
	e one Block 5 popies of this pag	page for EACH s ge as necessary,	service (Fu and numl	quest(s) unding Request Num ber the completed pa	iges to assure	that they are	esting discounts. all processed cor	rectly. —		5 of 31
1 1 Category o	11 Category of Service (only ONE category should be checked) 15 Contract Number (if available; use 'T' if tarifled services, MTM' if month-to-month services as described in Instructions) 16 Billing Account Number (e.g., billed telephone num 203-471-6854) 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001									
1 3 Identificat	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001 14 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/									
You MUST attach a description of this description of this description with an Attachment #, and note number in space provided below. Attachment # A-FR0102										
²² Entity/Enti Receiving Service:		receiving this s	service : _	pecific (provided to compared by all entities on						from Block 4
23 Calculati										
Α	H(ecurring Cha c	rges D	E	F Un	e-Time Ch G	arges H		Total Cha	rges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	53	\$2514.32

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Entity Number	12231	6				Aş	opiicant's Form	Identifier _		FR0102	
Contact Per	son Kenne	eth Sutton	· · · · · · · · · · · · · · · · · · ·				Phone N	umber	860	-298-5319	
	se one Block 5 p	age for EACH	service (F	quest(s) unding Request Num ber the completed pa	·	•	esting discounts.		page 26	31	
FRN #		· · · · · · · · · · · · · · · · · · ·		(to be ass	signed by	admini	strator)				
11 Category o	1.1 Category of Service (only ONE category should be checked) 1.5 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)										
• Telecommunications Service () Internet Access () Internal Connections 16 Billing Account Number (e.g., billed telephone num 203-471-6854											
12 Form 470	Form 470 Application Number (15 (451020000302138 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001										
SDIN - Se		ate (mm/dd/yyyy	·								
1.3	ldentification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001										
14 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/											
2 1	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label										
Entity/Enti Receiving Service:	This	receiving this s	service : _	pecific (provided to c 122484 ed by all entities on			,	•	·	from Block 4	
23 Calculati											
	Re B	ecurring Cha	T	E	F On	e-Time Ch	arges H		Total Cha		
A Monthly \$	How much of	C Eligible	D # of	Annual pre-	Annual non-	G How much	Annual eligible	Total	J %	K Funding	
charges (total amount per month for service)	the \$ amount in (A) is ineligible?	monthly pre- discount amount (A minus B)	months service provided in program	discount \$ amount for eligible	recurring (one-time) \$ charges	of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	program year pre- discount \$ amount (E + H)	discount (from Block 4 Workshee t)	Commitment \$ Request (J x I)	
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60	

Entity Number Applicant's Form Identifier							FR0102			
Contact Per	son Kenne	th Sutton		-			Phone N	umber	860	-298-5319
	se one Block 5 popies of this pag	age for EACH	service (Fu	quest(s) unding Request Num ber the completed pa (to be ass	iges to assure	that they are	esting discounts. all processed corr		page 2	7 of 31
11 Category o	f Service (only (ONE category sh	ould be ch	ecked)		•	available; use "T" if to as described in Instruct			Т
 Telecommuno 	cations Service	() Internet Acc	cess () t	nternal Connections	"MTM" if month-to-month services as described in Instructions)					
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001					
1 3 SPIN - Sei	rvice Provider				18 Contract	Award Da	ate (mm/dd/yyyy			
Identificat	tion Number	(9 digits)	143	001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01	
14 Service Provider Name Southern New England Telephone 20 Contract Expiration Date (mm/dd/										
21	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # A-FR0102									
Entity/Enti Receiving Service:	This	receiving this s	ervice : _	pecific (provided to c 122295 and by all entities on			,	•		y from Block 4
23 Calculati										
	Re	ecurring Cha	rges		On	e-Time Ch		·	Total Ch	arges
A A SALL C	B	C	D # 04	E .	F Annual non	G	H Annual aliable	Total	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	40	\$1953.60

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Entity Number	12231	6				Ar	oplicant's Form	ldentifier _		FR0102
Contact Per	Kenne	eth Sutton					•	umber	,	-298-5319
	e one Block 5 p	age for EACH	service (Fi	quest(s) unding Request Num ber the completed pa	•	•	esting discounts.		page 28	3 of 31
FRN #				(to be ass	signed by	adminis	strator)		et Set out. 1 <u>al</u> f.	e tok tege aft Godon
11 Category o	f Service (only	ONE category sh	ould be ch	iecked)			available; use "T" if to as described in Instruc			T
Telecommunications Service () Internet Access () Internal Connections 16 Billing Account Number (e.g., billed telephone num 203-471-6854										
12 Form 470	Application	Number (15 c	45102	0000302138			Date (mm/dd/yyyy			
SPIN - Sai	vice Provider				18 Contract	Award D	ate (mm/dd/yyyy			
1.3	13 Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001									
14 Service	Provider Nam	e Southern Ne	w England	Telephone	20 Contract	Expiration	Date (mm/dd/	· · · · · · · · · · · · · · · · · · ·		
2 1 Descriptio This Servi	ce:	this description Attachment a. If the service	with an Al # A-FF is site-sp	pecific (provided to c	e number in sp	pace provided	below.			
Receiving Service:	This	b. If the service		ed by all entities on	a Block 4 wo	orksheet, list	the worksheet nu	mber (e.g., A-	· .,	
23 Calculati						71			T-4-1 Ob-	······
A	В	c c c	rges D	E	F On	e-Time Ch G	arges H		Total Cha	irges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)
\$337.00	\$0.00	\$337.00	12	\$4044.00	\$700.00	\$0.00	\$700.00	\$4744.00	40	\$1897.60

Entity Number	12231	6			Applicant's Form Identifier					FR0102
·		eth Sutton						umber	7	-298-5319
Make as many c	se one Block 5 popies of this pag	page for EACH : ge as necessary,	service (Fi and numl	quest(s) unding Request Num ber the completed pa	ges to assure	that they are	esting discounts. all processed cor	rectly. —	page 29	9 of 31
FRN #				(to be ass	signed by	adminis	strator)			
11 Category o	f Service (only	ONE category sh	ould be ch	ecked)			available; use "T" if ta is described in Instruct			Т
• Telecommuncations Service () Internet Access () Internal Connections 16 Billing Account Number (e.g., billed telephone num 203-471-6854										
12 Form 470	12 Form 470 Application Number (15 c 451020000302138 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 01-01-2001									
SPIN - Service Provider 18 Contract Award Date (mm/dd/yyyy										
Identifica	Identification Number (9 digits) 143001305 19 Service Start Date (mm/dd/yyyy) 07/01/2001									
¹⁴ Service	Service Provider Name									
2 1 Descriptio This Serv	n of			iption of the service, tachment #, and note	•		•	sts, plus any r	elevant brar	nd names. Läbel
Entity/Enti Receiving Service:		receiving this s	service : _	necific (provided to control 122331 necessary)						from Block 4
23 Calculati		Ch		•	0	- Ti Ch			Total Cha	
A	В	ecurring Cha C	rges D	E	F On	e-Time Ch G	arges H	1	Total Cha	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service	Annual pre- discount \$ amount for eligible recurring charges (D x C)	Annual non- recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee 1)	Funding Commitment \$ Request (J x I)
\$407.00	\$0.00	\$407.00	12	\$4884.00	\$0.00	\$0.00	\$0.00	\$4884.00	41	\$2002.44

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Entity Number	12231	6				ıA.	oplicant's Form	Identifier		FR0102	
Contact Per	Konne	eth Sutton				·	_ Phone N	umber	, 860-298-5319		
Make as many co	e one Block 5 popies of this pag	page for EACH ge as necessary	service (F	unding Request Num ber the completed pa	ages to assure	that they are	esting discounts. all processed cor	rectly. —	page 31	of 31	
FRN #		F. A. C.		(to be ass	signed by	admini	strator)				
11 Category o	f Service (only	ONE category sh	ould be ch	necked)		•	available; use "T" if to as described in Instruc			T	
● Telecommund	ations Service	() Internet Ac	cess () I	nternal Connections	16 Billing	Account Nui	nber (e.g., billed	telephone num	203-47	1-6854	
12 Form 470	Application	Number (15 c	45102	0000302138	17 Allowab	le Contract	Date (mm/dd/yyyy	, based on Fo	rm 470 filin	g) 01-01-2001	
SPIN - Sei	vice Provider				18 Contract	Award Da	ate (mm/dd/yyyy				
Identificat	ion Number			001305	19 Service	Start Date	(mm/dd/yyyy)	07/01/20	01		
14 Service	Provider Nam	_{ne} Southern Ne	w England	Telephone	20 Contract	Expiration	n Date (mm/dd/				
2 1 Descriptio This Serv				ription of the service, ttachment #, and not R0102	_		•	sts, plus any r	elevant brar	nd names. Label	
2 2 Entity/Enti Receiving Service:	This	receiving this	service : .	pecific (provided to d 122318 ed by all entities on						from Block 4	
23 Calculati											
	B Re	c c c c c c c c c c c c c c c c c c c	arges D	E	F On	e-Time Ch G	arges H		Total Cha	rges K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre- discount amount (A minus B)	# of months service provided in program year	Annual pre- discount \$ amount for eligible	Annual non- recurring (one-time) \$ charges	How much of the \$	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Workshee t)	Funding Commitment \$ Request (J x I)	
\$307.00	\$0.00	\$307.00	12	\$3684.00	\$700.00	\$0.00	\$700.00	\$4384.00	42	\$1841.28	

Entity Num	ber	122316	Applicant's Form Identifier	fR0102
Contact Pe	ersonKenneth	Sutton	Phone Number	860-298-5319_ext 3030
Bloc	k 6: Cer	tifications ar	nd Signature	
	e entities listed schools and Sec profit bu libraries Library budgets	in Block 4 of this applic under the statutory def- condary Education Act of isinesses and do not hat or library consortia elig Services and Technolog	ation are eligible for support bed initions of elementary and secon of 1965, 20 U.S.C. Secs. 8801(ave endowments exceeding \$50 pible for assistance from a State gy Act of 1996 that do not operate te from any schools, including, b	cause they are: (Check one or both.) indary schools found in the Elementary 14) and (25), that do not operate as for- million; and/or library administrative agency under the te as for-profit businesses and whose out not limited to, elementary and
25	The eligible s	chools and libraries liste	ed in Block 4 of this application laing, software, maintenance, and	have secured access to all of the d electrical connections necessary to make sted charges for eligible services.
26 All c a b c	an indiv	idual technology plan fo	onsortia listed in Block 4 of this are using the services requested in for using the services requested plying for basic local and long displaying for basic local and local	n this application; and/or d in this application; or
27 Star a b c	technolo	ogy plan(s) has/have be ogy plan(s) will be appro		· · · · · · · · · · · · · · · · · · ·
28	-	_	pport that I am representing have tof services for which support is	ve complied with all applicable state s being sought.
29	used solely fo	• •	et purchases at discounts provide and will not be sold, resold, or to	ed by 47 U.S.C. Sec. 254 will be ransferred in consideration for
30			t has complied with all program out tunding and/or cancellation of	rules and I acknowledge that failure of funding commitments.
31	ensuring that	the most disadvantaged	sed for shared services is condi I schools and libraries that are to fits from those services.	tional, for future years, upon reated as sharing in the service,
32	worksheets ar	·	suant to this application. I will re ely upon to fill out this application cords.	
33		request, and to the bes	t this request on behalf of the abst of my knowledge, information,	pove-named entities, that I have and belief, all statements of fact
34 Sigi	nature of auth	norized person	within	- 35 Date 01-10-2001
36 Pri	nted name of	authorized person	KENNETH SUTTON	
37 Title	or position o	of authorized person		SYSTEMS MANAGER
38 Tele	phone numb	er of authorized pers	on: (860) 298 - 5319, ext.	3030
				ure, under the Communications Act,
7 U.S.C.	Secs. 502, 503(I), or fine or imprisonmen	t under Title 18 of the United States	s Code, 18 U.S.C. Sec. 1001.
			with Disabilities Education Act and t	
nunatione	on entities to m	ake the conjices number	ad with those discounts accessible	to and usable by people with disabilities

Entity Number	122316	Applicant's Form Identifier	FR0102	
Contact Person _	Kenneth Sutton	Phone Number860-298-5	319 ext 3030	
•				

NOTIGE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

The second second

WINDSOR, CT 06095

FAX (860) 298-5328

Office: (860) 298-5319

kensut@crlc.org

www.crlc.org

Capitol Region Library Council
599 MATIANUCK AVENUE

DATE: March,19 2001

TO: Nicole Allen

Client Service Bureau/Problem Resolution

FAX 888-276-8736

FROM

Ken Sutton, Office & Network Systems Manager

RE:

Memorandum of Agreement 9-30-96

Re: Form 471 application ID FR0102

Year 07-01-2001 to 06-30-2002

Entity number: 122316

Responding to you email dated 03-16-2001

From 471 Block 8b Number of Library patrons served

432,766

Date:

03-19-2001

Kenneth Sutton

2/9/01